



NOTES

DEPRESSIVE & BIPOLAR DISORDERS

GENERALLY, WHAT ARE THEY?

PATHOLOGY & CAUSES

Mental disorders involving mood changes

- Often involve depression, sometimes mania/hypomania (see below)

CAUSES

- Genetic (especially between close relatives)
- Linked to neurotransmitter regulation (norepinephrine, serotonin, dopamine)
- High comorbidity with other mental disorders

COMPLICATIONS

- Self-harm/suicide
- Social consequences (e.g. losing friends)

SIGNS & SYMPTOMS

- Manic episodes featuring a mood disturbance, increased energy/activity, and $\geq$ three of following for $\geq$ one week, affecting day-to-day functioning
- Hypomanic ("less than manic") episodes featuring a mood disturbance, increased energy/activity, and $\geq$ three of the above during a period $>$ four days, not affecting day-to-day functioning
- Major depressive episodes featuring $\geq$ five of following in a two week period
- Other mood changes, including more mild depression; see individual disorders

DIAGNOSIS

- Excessive, unreasonable fear/distress
- Struggle to control symptoms
- Lasts $>$ six months
- Affects day-to-day functioning
- Not explained by other condition/substance

TREATMENT

MEDICATIONS

- Antidepressants, lithium

PSYCHOTHERAPY

- See individual disorders

OTHER INTERVENTIONS

- Lifestyle changes
 - Improved diet, more exercise, more sunlight

VISIT...

LANZAROTE
Caliente.COM

BIPOLAR I DISORDER

osms.it/bipolar-I

PATHOLOGY & CAUSES

Bipolar disorder characterized by extreme mood swings with combination of manic, hypomanic, depressive episodes

CAUSES

- Genetic (especially between close relatives)
- Medications (e.g. SSRIs)
- Often no particular trigger
- High comorbidity with other mental disorders



MNEMONIC: DIG FAST

Characteristics of manic episode

Distractibility

Indiscretion: excessive involvement in pleasurable activities

Grandiosity

Flight of ideas

Activity increase

Sleep deficit/decreased need for sleep

Talkativeness/pressured speech

SIGNS & SYMPTOMS

- Mood swings
- Manic episodes
- Usually, hypomanic and depressive episodes

DIAGNOSIS

- $\geq$ one manic episode
- Symptoms affect day-to-day functioning
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

- Atypical antipsychotics (e.g. olanzapine), in combination with mood stabilizers (esp. lithium)

PSYCHOTHERAPY

- E.g. cognitive behavioral therapy, interpersonal

OTHER INTERVENTIONS

- Electroconvulsive therapy (ECT)

BIPOLAR II DISORDER

osms.it/bipolar-ii

PATHOLOGY & CAUSES

Bipolar disorder characterized by mood swings with hypomanic, depressive episodes.

CAUSES

- Genetic (especially between close relatives)
- Medications (e.g. SSRIs)
- Often no particular trigger
- High comorbidity with other mental disorders

SIGNS & SYMPTOMS

- Mood swings
- Hypomanic, depressive episodes

DIAGNOSIS

- $\geq$ one hypomanic episode
- $\geq$ one major depressive episode
- Symptoms affect day-to-day functioning
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

- Atypical antipsychotics (e.g. olanzapine), in combination with mood stabilizers (esp. lithium)

PSYCHOTHERAPY

- E.g. cognitive behavioral therapy, interpersonal

MAJOR DEPRESSIVE DISORDER

osms.it/major-depressive-disorder

PATHOLOGY & CAUSES

Depressive disorder characterized by one or more episodes of a strongly depressed mood

- Episodes interfere with day-to-day life in activities such as eating, working, and sleeping

CAUSES

- Exact cause unknown; runs in families, especially between close relatives; linked to neurotransmitter regulation (norepinephrine, serotonin, dopamine); high comorbidity with other mental disorders

SIGNS & SYMPTOMS

- Major depressive episodes

DIAGNOSIS

- One or more major depressive episodes
- The symptoms cause distress in other areas of life
- The disturbance is not better explained by or accounted for by another medical condition or substance
 - There has not been a manic or hypomanic episode

**MNEMONIC: SIG ED CAPS****Diagnostic criteria for Major depressive disorder**

- S**leep: increased or decreased
- I**nterest: decreased
- G**uilt/worthlessness
- E**nergy: decreased or fatigued
- D**epressed mood most of the day
- C**oncentration/difficulty making decisions
- A**ppetite and/or weight increase or decrease
- P**sychemotor activity: increased or decreased
- S**uicidal ideation/ thoughts of death

TREATMENT**MEDICATIONS**

- Antidepressants (SSRIs, SNRIs, NDRIs)

PSYCHOTHERAPY

- E.g., cognitive behavioral therapy, interpersonal

OTHER INTERVENTIONS

- Improved diet, more exercise, more sunlight

PREMENSTRUAL DYSPHORIC DISORDER

osms.it/premenstrual-dysphoric-disorder

PATHOLOGY & CAUSES

- Depressive disorder characterized by mood changes during menstrual cycle

- Inability to sleep/oversleeping
- Feelings of being overwhelmed
- Mild physical symptoms (e.g. tenderness/swelling)

CAUSES

- Unknown; possible sensitivity to hormonal changes

SIGNS & SYMPTOMS

- Emotional
 - Affective lability
 - Irritability/anger
 - Anxiety/angst
- Other symptoms
 - Diminished interest/pleasure
 - Decreased concentration
 - Fatigue
 - Weight loss/gain

DIAGNOSIS

- Mood changes $\leq$ one week before menses, as evidenced by presence of $\geq$ five of symptoms ($\geq$ one from each category), resolving within one week post-menses
- Must occur during majority of menstrual cycles over past year
- Symptoms affect day-to-day life
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

- SSRIs, oral contraceptives

PSYCHOTHERAPY

- E.g. cognitive behavioral therapy, interpersonal

OTHER INTERVENTIONS

- *Lifestyle changes*: improved diet, more exercise, more sunlight

SEASONAL AFFECTIVE DISORDER

osms.it/seasonal-affective-disorder

PATHOLOGY & CAUSES

- Depressive disorder characterized by *one or more* episodes of a *strongly depressed mood*
- Episodes interfere with day-to-day life in activities such as eating, working, and sleeping
- Occurs most commonly in *seasons of lower light*, like *winter*

CAUSES

- Exact cause unknown; runs in families, especially between close relatives; linked to neurotransmitter regulation (norepinephrine, serotonin, dopamine); high comorbidity with other mental disorders

SIGNS & SYMPTOMS

- Major depressive episodes

DIAGNOSIS

- One or more major depressive episodes
- The symptoms cause distress in other areas of life
- The disturbance is not better explained by or accounted for by another medical condition or substance
 - There has not been a manic or hypomanic episode

TREATMENT

MEDICATIONS

- *Antidepressants* (SSRIs, SNRIs, NDRIs)

PSYCHOTHERAPY

- E.g. cognitive behavioral therapy, interpersonal

OTHER INTERVENTIONS

- Improved diet, more exercise, more sunlight